

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

JOYCE ROTA

Write the full name of each plaintiff.

CV  
(Include case number if one has been assigned)

-against-

Do you want a jury trial?

CP UNLIMITED OF NEW YORK  
STATE

☐ Yes ☐ No

Write the full name of each defendant. The names listed above must be identical to those contained in Section I.

EMPLOYMENT DISCRIMINATION COMPLAINT

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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RECEIVED  
CLERK OF COURT  
SOUTHERN DISTRICT OF NEW YORK

**I. PARTIES****A. Plaintiff Information**

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

<u>JOYCE</u>	<u>O</u>	<u>ROTA</u>
First Name	Middle Initial	Last Name
<u>6433 Rt. 55</u>		
Street Address		
<u>DUTCHES, WINGDALE</u>	<u>NEW YORK</u>	<u>12594</u>
County, City	State	Zip Code
<u>845 625 3042</u>	<u>georgerot@Yahoo.com</u>	
Telephone Number	Email Address (if available)	

**B. Defendant Information**

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. (Proper defendants under employment discrimination statutes are usually employers, labor organizations, or employment agencies.) Attach additional pages if needed.

Defendant 1: CP Unlimited of New York State

Name

15 Mt Ebor Rd Soolf

Address where defendant may be served

Putnam, Brewster NY 10509

County, City State Zip Code

Defendant 2: \_\_\_\_\_

Name

\_\_\_\_\_

Address where defendant may be served

\_\_\_\_\_

County, City State Zip Code

Defendant 3:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address where defendant may be served

\_\_\_\_\_  
County, City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## II. PLACE OF EMPLOYMENT

The address at which I was employed or sought employment by the defendant(s) is:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Mahopac  
County, City

NY  
State

10541  
Zip Code

## III. CAUSE OF ACTION

### A. Federal Claims

This employment discrimination lawsuit is brought under (check only the options below that apply in your case):

- ☐ **Title VII of the Civil Rights Act of 1964**, 42 U.S.C. §§ 2000e to 2000e-17, for employment discrimination on the basis of race, color, religion, sex, or national origin

The defendant discriminated against me because of my (check only those that apply and explain):

- ☐ race: \_\_\_\_\_
- ☐ color: \_\_\_\_\_
- ☐ religion: \_\_\_\_\_
- ☐ sex: \_\_\_\_\_
- ☐ national origin: \_\_\_\_\_

- ☐ **42 U.S.C. § 1981**, for intentional employment discrimination on the basis of race

My race is: \_\_\_\_\_

- ☒ **Age Discrimination in Employment Act of 1967**, 29 U.S.C. §§ 621 to 634, for employment discrimination on the basis of age (40 or older)

I was born in the year: 1961

- ☐ **Rehabilitation Act of 1973**, 29 U.S.C. §§ 701 to 796, for employment discrimination on the basis of a disability by an employer that constitutes a program or activity receiving federal financial assistance

My disability or perceived disability is: \_\_\_\_\_

- ☐ **Americans with Disabilities Act of 1990**, 42 U.S.C. §§ 12101 to 12213, for employment discrimination on the basis of a disability

My disability or perceived disability is: \_\_\_\_\_

- ☐ **Family and Medical Leave Act of 1993**, 29 U.S.C. §§ 2601 to 2654, for employment discrimination on the basis of leave for qualified medical or family reasons

## B. Other Claims

In addition to my federal claims listed above, I assert claims under:

- ☒ **New York State Human Rights Law**, N.Y. Exec. Law §§ 290 to 297, for employment discrimination on the basis of age, race, creed, color, national origin, sexual orientation, military status, sex, disability, predisposing genetic characteristics, marital status
- ☒ **New York City Human Rights Law**, N.Y. City Admin. Code §§ 8-101 to 131, for employment discrimination on the basis of actual or perceived age, race, creed, color, national origin, gender, disability, marital status, partnership status, sexual orientation, alienage, citizenship status
- ☐ Other (may include other relevant federal, state, city, or county law):

\_\_\_\_\_

#### IV. STATEMENT OF CLAIM

##### A. Adverse Employment Action

The defendant or defendants in this case took the following adverse employment actions against me (check only those that apply):

- ☐ did not hire me
- ☒ terminated my employment
- ☒ did not promote me
- ☐ did not accommodate my disability
- ☐ provided me with terms and conditions of employment different from those of similar employees
- ☒ retaliated against me
- ☐ harassed me or created a hostile work environment
- ☐ other (specify): \_\_\_\_\_

##### B. Facts

State here the facts that support your claim. Attach additional pages if needed. You should explain what actions defendants took (or failed to take) *because of* your protected characteristic, such as your race, disability, age, or religion. Include times and locations, if possible. State whether defendants are continuing to commit these acts against you.

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As additional support for your claim, you may attach any charge of discrimination that you filed with the U.S. Equal Employment Opportunity Commission, the New York State Division of Human Rights, the New York City Commission on Human Rights, or any other government agency.

**V. ADMINISTRATIVE PROCEDURES**

For most claims under the federal employment discrimination statutes, before filing a lawsuit, you must first file a charge with the U.S. Equal Employment Opportunity Commission (EEOC) and receive a Notice of Right to Sue.

Did you file a charge of discrimination against the defendant(s) with the EEOC or any other government agency?

☒ Yes (Please attach a copy of the charge to this complaint.)

When did you file your charge? 8/7/23

☐ No

Have you received a Notice of Right to Sue from the EEOC?

☐ Yes (Please attach a copy of the Notice of Right to Sue.)

What is the date on the Notice? 9/7/23

When did you receive the Notice? 9/7/23

☐ No

**VI. RELIEF**

The relief I want the court to order is (check only those that apply):

☐ direct the defendant to hire me

☐ direct the defendant to re-employ me

☐ direct the defendant to promote me

☐ direct the defendant to reasonably accommodate my religion

☐ direct the defendant to reasonably accommodate my disability

☒ direct the defendant to (specify) (if you believe you are entitled to money damages, explain that here):

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## VII. PLAINTIFF'S CERTIFICATION

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>11-1-23</u>		<u></u>
Dated		Plaintiff's Signature
<u>JOYCE ROTA</u>	<u>O</u>	<u>ROTA</u>
First Name	Middle Initial	Last Name
<u>6433 Rt. 55</u>		
Street Address		
<u>Dutchess, Wingdale</u>	<u>New York</u>	<u>12594</u>
County, City	State	Zip Code
<u>845 625 3042</u>	<u>georgerot@Yahoo.com</u>	
Telephone Number	Email Address (if available)	

I have read the attached Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

☐ Yes ☒ No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

EEOC Form 5 (11/09)

<b>CHARGE OF DISCRIMINATION</b>  This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To:      Agency(ies) Charge No(s):  <div style="display: flex; justify-content: space-between;"> <span>EEOC</span> <span><b>846-2023-03632</b></span> </div> <div style="display: flex; justify-content: space-between;"> <span>FEPA</span> <span></span> </div>	
<b>New York State Division Of Human Rights</b>		and EEOC	
<i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs., Miss, Mx., Dr., Hon., Rev.) <b>Joyce Rota</b>		Home Phone <b>(845) 625-3042</b>	Year of Birth <b>1961</b>
Street Address <b>PO BOX 474</b> <b>Dover Plains, NY 12522</b>			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name <b>CP Unlimited of New York State</b>		No. Employees, Members <b>501+ Employees</b>	Phone No. <b>(845) 872-9078</b>
Street Address <b>15 MOUNT EBO SOUTH</b> <b>Brewster, NY 10509</b>			
Name		No. Employees, Members	Phone No.
Street Address      City, State and ZIP Code			
DISCRIMINATION BASED ON  <b>Age, Retaliation</b>		DATE(S) DISCRIMINATION TOOK PLACE  <div style="display: flex; justify-content: space-between;"> <span>Earliest <b>06/14/2022</b></span> <span>Latest <b>06/14/2022</b></span> </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):  <p>I am a 62 year old female who was employed as a Direct Care Counselor for over 20 years with CP Unlimited of NY from July 2002 until June 2022.</p> <p>I have been blamed for things that I was not responsible for on the job. There was an incident where safety belts and harnesses were not secured properly on the bus, and I was blamed. It was not my job to ensure everyone is secure on the bus, that is the job of the employees loading the bus. They changed the roster log around to make it look like it was my fault. There was a second incident where I was blamed for not feeding patients during my shift which was not true, the time and day the feeding of patients took place in question, I was working on giving out meds, and again I was falsely accused because they altered the schedule again and I have proof. The company claimed to be doing an investigation into the matter and when I saw the schedule they were using, I saw that it was edited to blame me.</p> <p>There have been countless times the house manager has insulted and made fun of my age in front of other employees. One time another employee chimed in with the manager and said, She is the same age as my mother, and should retire. I have made numerous complaints about what was going</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY – When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
_____ Date      Charging Party Signature		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	



I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY -- When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.   _____ Date Charging Party Signature	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT   SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)

EEOC Form 161-B (01/2022)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: **Joyce Rota**  
**PO BOX 474**  
**Dover Plains, NY 12522**

From: **New York District Office**  
**33 Whitehall St, 5th Floor**  
**New York, NY 10004**

EEOC Charge No.  
**846-2023-03632**

EEOC Representative  
**DAVID PHILLIPS,**  
**Federal Investigator**

Telephone No.  
**929-506-5303**

(See also the additional information enclosed with this form.)

**NOTICE TO THE PERSON AGGRIEVED:**

**Title VII of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA), or the Genetic Information Nondiscrimination Act (GINA):** This is your Notice of Right to Sue, issued under Title VII, the ADA or GINA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII, the ADA or GINA **must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice;** or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

**Age Discrimination in Employment Act (ADEA):** You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, the EEOC is closing your case. Therefore, your lawsuit under the ADEA **must be filed in federal or state court WITHIN 90 DAYS \*of your receipt of this Notice.\*** Otherwise, your right to sue based on the above-numbered charge will be lost.

**Equal Pay Act (EPA):** You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible.**

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

Digitally Signed By: Timothy Riera  
09/07/2023

**Timothy Riera**  
**Acting District Director**

Enclosures(s)

cc:  
**Joab Okello**  
**47 Wellesly Road**  
**BLOOMINGBURG, NY 12721**